

Name
in
full

Not named

Blake

CERTIFICATE OF DEATH

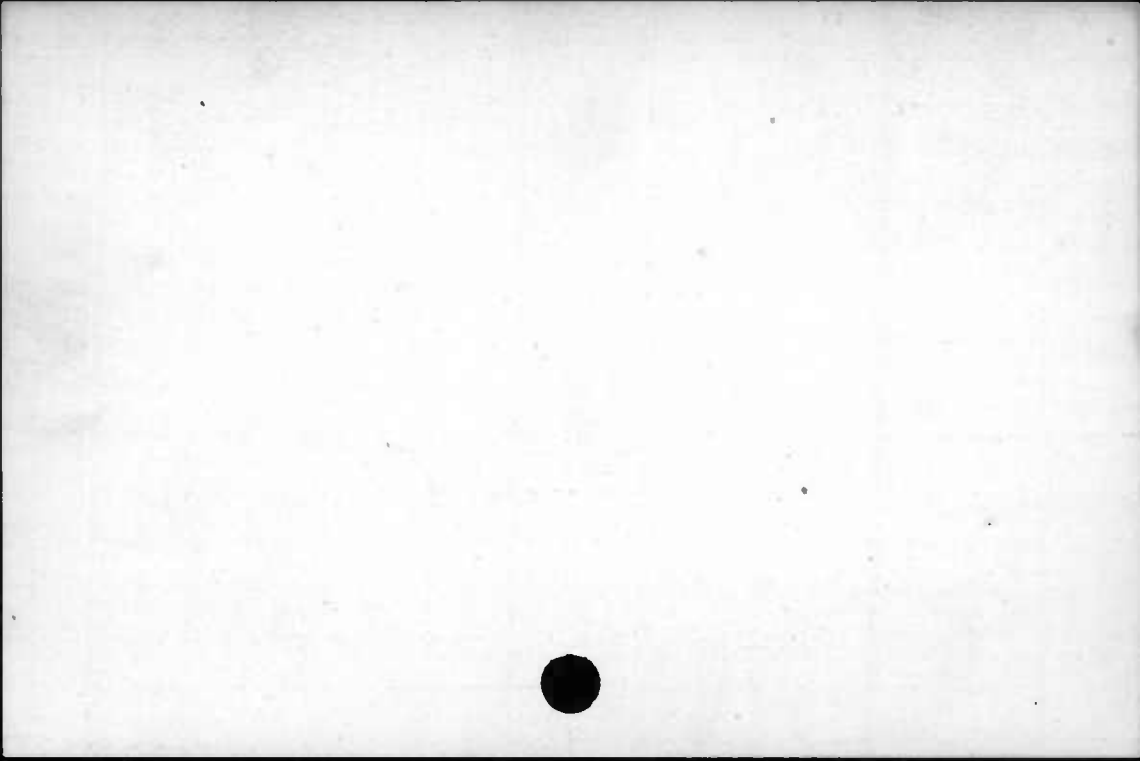
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Star</u> Town		<u>Queen Anne</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>10</u>	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Star, Md.</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Thos H Blake Jr</u>		Father's Birthplace <u>Star Md</u>			
Mother's Maiden Name <u>F. Lenora Thomas</u>		Mother's Birthplace <u>Star "</u>			
Name of person giving information <u>Thos H Blake Jr.</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>	How long <u>Still Born</u>
Immediate <u>Abnormal Ovary</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Walter H. Fenby</u>
	Address <u>Ruthsburg Md</u>
Accident or Suicide?	



Name
in
Full

Not Named

Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Star Md

Town

Queen Anne

County

Date of death 1906

Month

March

Day

10

Age

Years

Months

Days

12 hours

Sex Male

Color or
Race

Colored

Birth-
place

Star Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Thos H Blake Jr

Father's
Birthplace

Star Md

Mother's
Maiden Name

A Lenora Thomas

Mother's
Birthplace

Star A

Name of person giving
In formation

Thos H Blake Jr

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

How long

12 hours

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Walter H Fenby

Address

On the harbor, Md.

Accident or Suicide?



Name
in
Full

Annie Rebecca Brown 3/17/1906

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Hopk</u> ^{Town}		<u>Dunn</u> ^{County} <u>Annis Co</u>			
Date of death <u>1906</u>	Month <u>3</u>	Day <u>17</u>	Age <u>over 60</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Negro.</u>		Birth-place <u>md</u>		
Occupation <u>Cook</u>		Where Residing If not at place of death <u>—</u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Alexander Brown</u>				
Father's Name <u>Chew</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Do not know</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>E.O.O. Saunders</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>over a year</u>
Immediate <u>"</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>none</u>
Address <u>Rev. W. Hedding Undertaker</u> <u>Centerville md</u>	
Accident or Suicide? <u>—</u>	



Name
in
Full

Charlotte Brown

CERTIFICATE OF DEATH

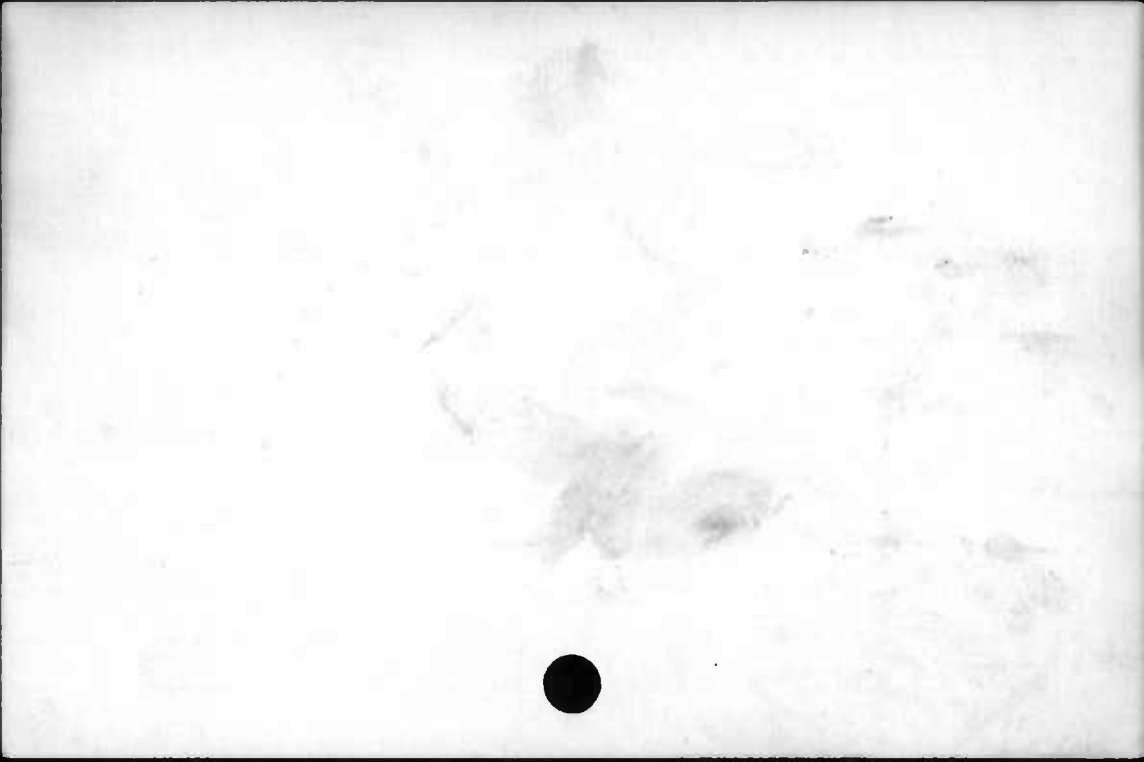
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Wye Mills</i>		^{County} <i>Queen Anne's</i>		MARYLAND	
Date of death	1906	Month	3	Day	30
Age		68		Years	
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Housekeeping</i>		Birth-place	<i>Queen Anne Co</i>	
Where Residing if not at place of death		<i>Queen Anne Co</i>			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Samuel Brown</i>	
Father's Name	<i>Chas. Coursey</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Prissie Butler</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving Information	<i>James E. Downes</i>			How related to deceased	<i>Cousin</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>—</i>
Immediate	<i>"Grippe", Heart failure</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. J. Stack M.D.</i>
		Address	<i>Wye Mills, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Frederick Butler*Died at *Church Hill* TownCounty *Queen Anne's*

MARYLAND

Date

of death

1906

Month

March

Day

22

Age

Years

Months

2

Days

22

Sex

*Male*Color or
Race*Black*Birth-
place*Church Hill Md*

Occupation

Where Residing if not
at place of death*at place of death.*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Joseph H. Butler*Father's
Birthplace*Ind*Mother's
Maiden Name*Cora D. Anthony*Mother's
Birthplace*Ind.*Name of person giving
In formation*Emily Anthony*How related
to deceased*Grand mother*

CAUSES OF DEATH

Primary

Croup.

How long

3 days

Immediate

Strangulation

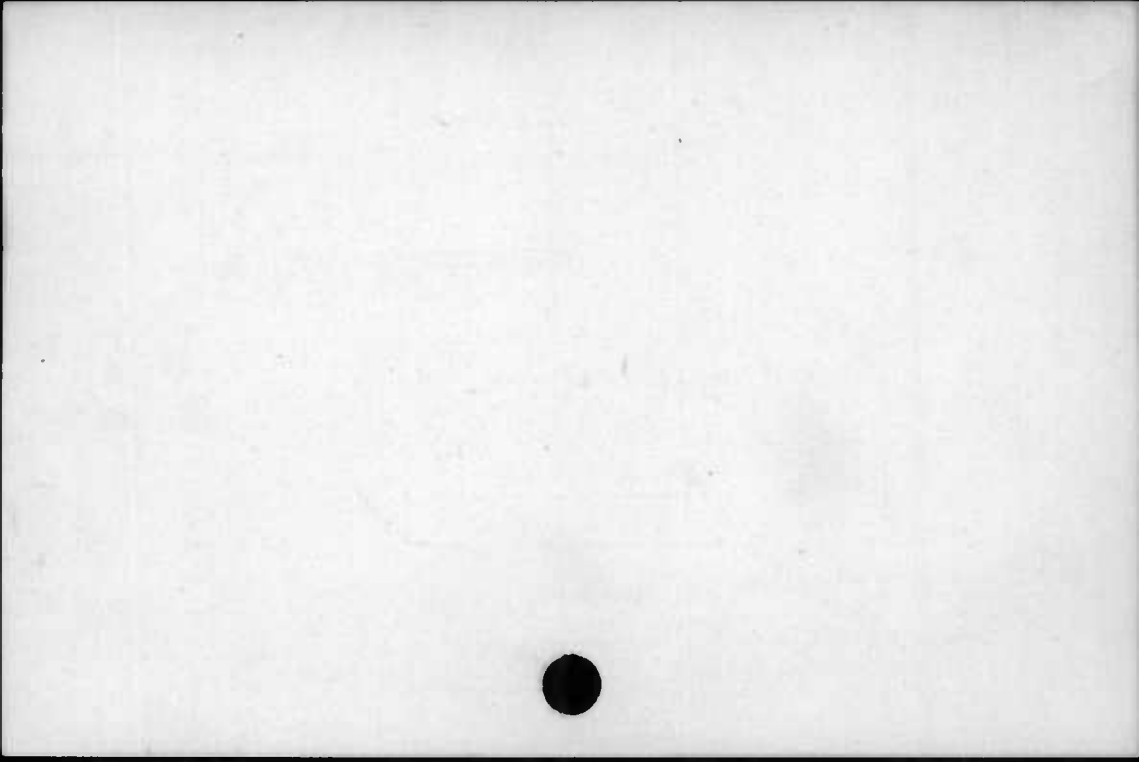
How long

*very few minutes*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. B. Appage*

Address

*Church Hill**I never saw child*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Winches br</i>		Town <i>Winches br</i>		County <i>Queen Anne's</i>		State <i>Maryland</i>	
Date of death <i>1906</i>		Month <i>3</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>	Months <i>Zero</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Winches br</i>			
Occupation				Where Residing if not at place of death			
Married Single		Name of Wife or Husband —					
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Purey Cook</i>				Mother's Birthplace <i>2 A. Co</i>			
Name of person giving information <i>James Burk</i>				How related to deceased <i>non</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>a few days</i>
Immediate <i>natural causes</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas L Courney pp</i>
	Address <i>acting coroner Fords store md</i>
Accident or Suicide?	



Name in Full		Louisia Coursey				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	near M ^{Town} <u>Ginner</u>	County	<u>Queen Anne's</u>		MARYLAND		
	Date of death	1906	Month	3	Day	30	Age	70
	Sex	<u>Female</u>		Color or Race	<u>Black</u>		Birth- place	<u>Queen Anne's Co</u>
	Occupation	<u>Housewife</u>		Where Residing if not at place of death				<u>at home.</u>
	Married, Single or Widowed	<u>married</u>		Name of Wife or Husband				<u>James F. Coursey</u>
	Father's Name	<u>Alfred Price</u>				Father's Birthplace	<u>Maryland</u>	
	Mother's Maiden Name	<u>Hester Ann Griffin</u>				Mother's Birthplace	<u>Queen Anne's</u>	
	Name of person giving In formation	<u>James F. Coursey</u>				How related to deceased	<u>Husband</u>	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<u>Unknown</u>				How long	<u>3 months</u>	
	Immediate	<u>Unknown, natural causes.</u>				How long	<u>3 months</u>	
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician			
					Address			
	Accident or Suicide?		<u>neither</u>					



Name in Full		Socialiah Covey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mar Ruthburg		Queen Anne		MARYLAND	
	Date of death	1906	Month 3	Day 13	Age 60	Months 11	Days
	Sex	Male		Color or Race	White		Birthplace
	Occupation	Farmer		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Mary C. Collison			
	Father's Name	Stanley Covey				Father's Birthplace	MD.
	Mother's Maiden Name	Eaton				Mother's Birthplace	MD.
Name of person giving information	Mary C. Covey				How related to deceased	Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic nephritis				How long	5 yrs
	Immediate	Uremia				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Accident or Suicide?		no		Address		
				120 J. J. Orrison MD Centerville Queen Anne Co			

Friday morn. 10 O'clock

Name
in
Full

Gladys De Coursey

CERTIFICATE OF DEATH

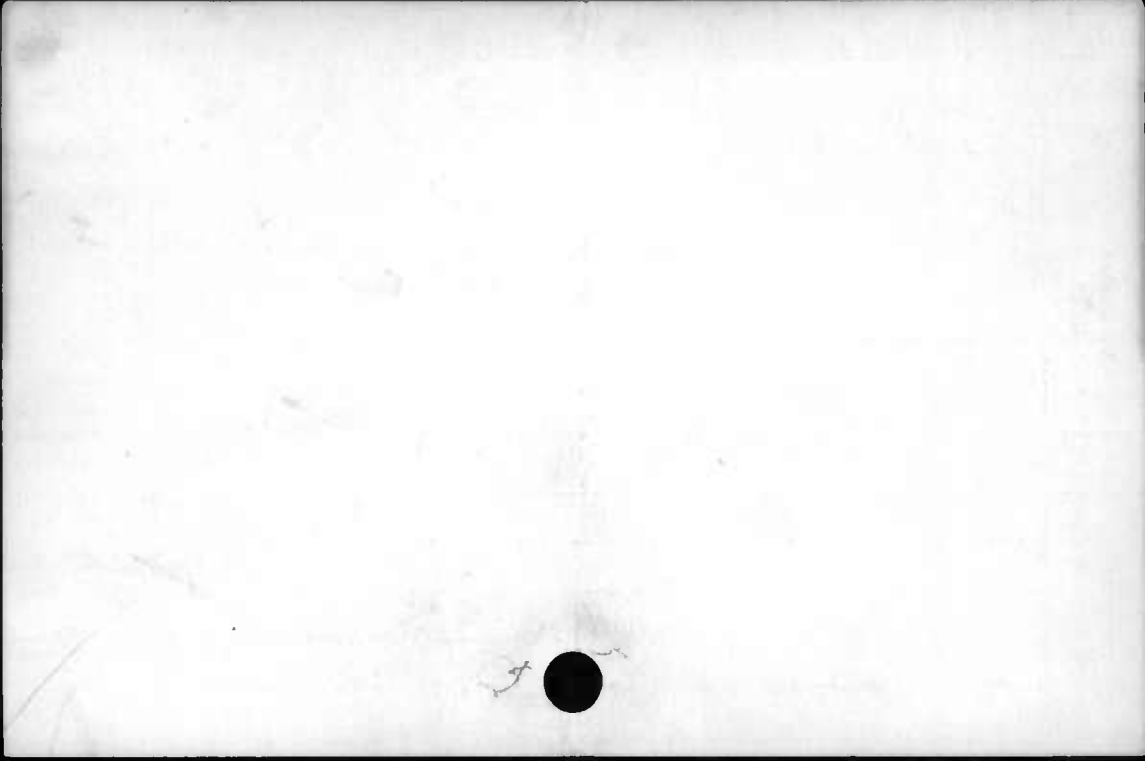
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wye Mills</i>		County <i>Summers</i>		MARYLAND	
Date of death	1906	Month <i>3</i>	Day <i>18</i>	Years <i>5</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Wye Mills Md</i>		
Occupation <i>Chit ch -</i>		Where Residing if not at place of death <i>Wye Mills</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Saml. De Coursey</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Susan Rhyan</i>	How related to deceased <i>Brother in Law</i>		Name of person giving Information <i>Harry Stewart</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia (Pulmonary)</i>	How long <i>6 Months</i>
Immediate <i>Heart Failure</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Stacks</i>
	Address <i>Wye Mills Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Elizabeth
 Mrs *Eliza* *Everett* -
 Died at *near Sudlersville* Town *Farm Anne* County *MARYLAND*

Date *1906* Month *3* Day *28* Y. *43* M. *43* D. *43* Native of *Ms.* Occupation *Housewife*
 Age *43*
 Sex *Female* Race *White* Marital Status *Widow* Divorced *10*
 Number of children living *10*

Husband of *James Everett*
 Wife of *James Everett*
 Father's Name *James Everett* Mother's Name *(27)*

Cause of Death { Primary *Tuberculosis in Lungs* How long sick *15 years*
 Immediate *Exhaustion and Debility* Accident, Suicide, Homicide

Reported by *Walter Suddles*
 Address *Sudlersville Md.*

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate
received from _____
of _____

Name in Full		CERTIFICATE OF DEATH					
James H. Errett		Town		County		MARYLAND	
		near Sudlersville		Queen Annes			
Died at		Date of death	Month	Day	Age	Years	Months
		1906	3	2	76		4
Sex		Male		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		Maryland	
Married, Single or Widowed		Married		Name of Wife or Husband		Elizabeth Errett	
Father's Name		Edward Errett		Father's Birthplace		Maryland	
Mother's Maiden Name		Mary Errett		Mother's Birthplace		Maryland	
Name of person giving information		Edward Errett		How related to deceased		Son	
CAUSES OF DEATH							
Primary		Cancer of Throat				How long	
Immediate		-				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. R. Smith	
				Address		Fruitville Md.	
Accident or Suicide?							

Subordinate Summ.

Name
in
Full

CERTIFICATE OF DEATH

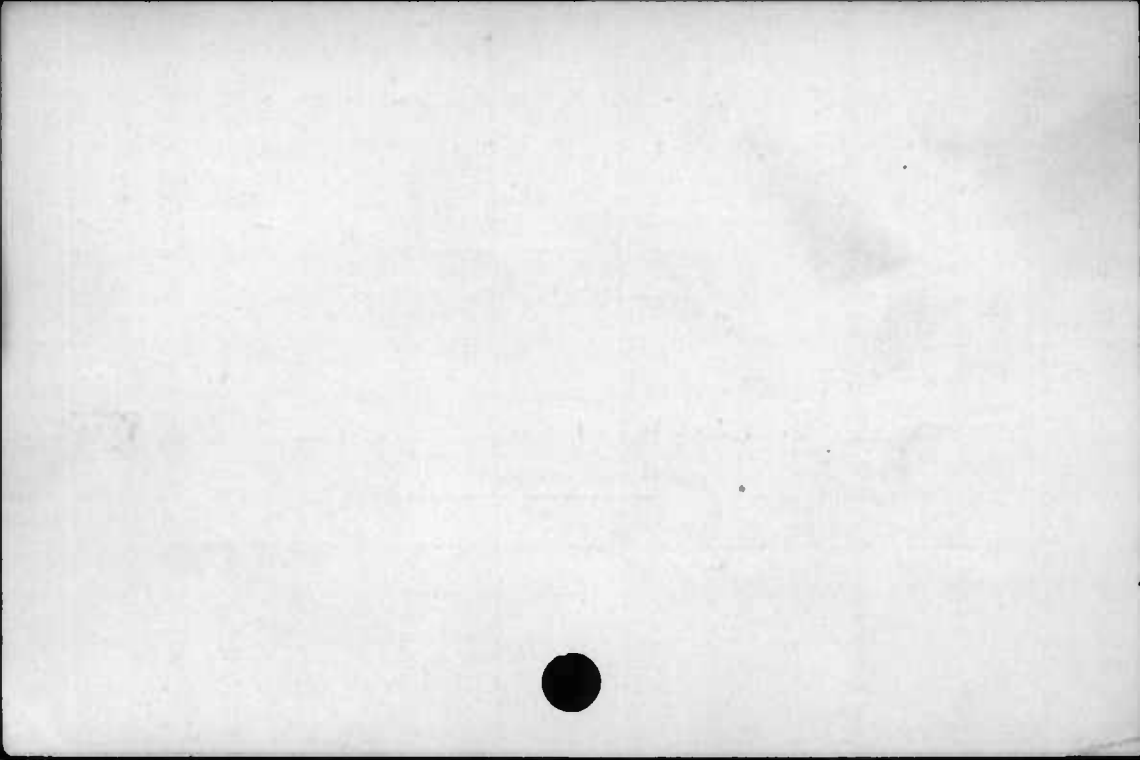
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		March	24	64		6	24
Sex		Color or Race		Birth-place			
Female		White		Germany			
Occupation				Where Residing if not at place of death			
Housewife				Kent Island			
Married, Single or Widowed		Name of Wife or Husband					
Married		Elizabeth Fochus					
Father's Name		Father's Birthplace					
Mr. Kurtz		Not known					
Mother's Maiden Name		Mother's Birthplace					
E. "		"					
Name of person giving Information				How related to deceased			
L. Fochus				daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pleurisy	How long	1 week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Living Harry	
		Address	
		Stevensville Md	
Accident or Suicide?			
Md			



Name
in
Full

Clarence Milbert Gardner

CERTIFICATE OF DEATH

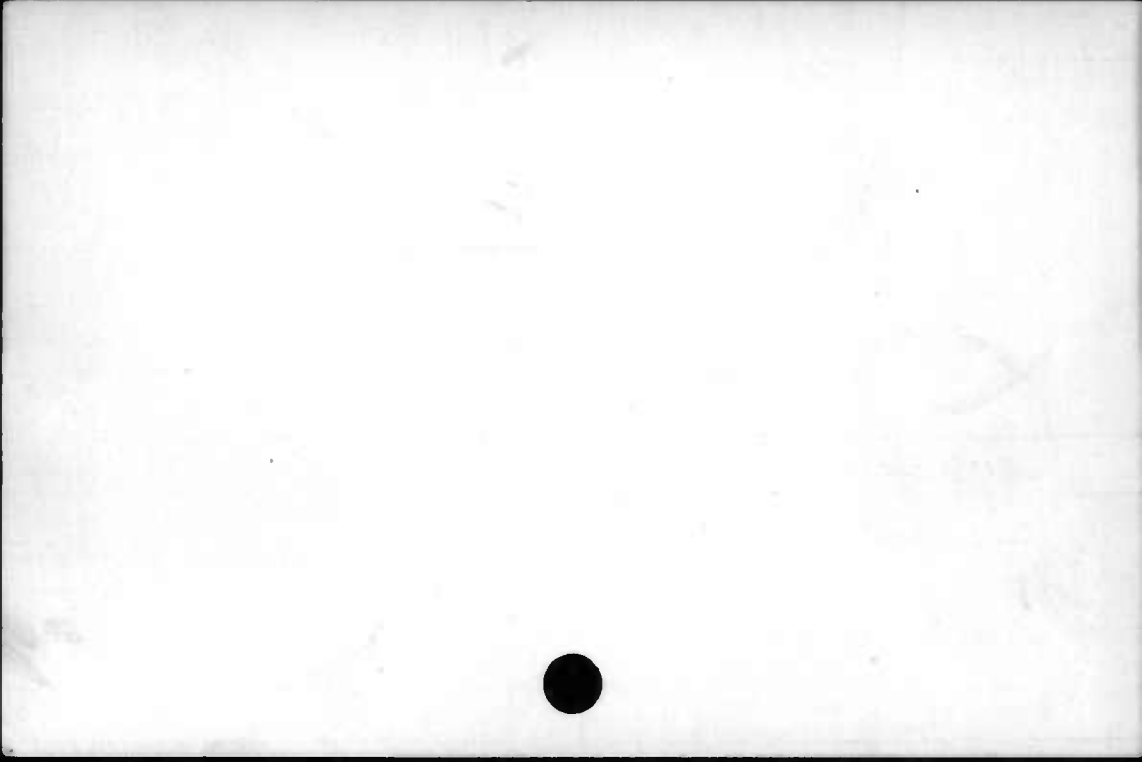
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester</u> ^{Town}		<u>Queen Anne's</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>Mar</u>	Day <u>10</u>	Age <u>7</u> ^{Years}	Months <u>9</u>	Days <u>14</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Kent Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Henry C. Gardner</u>		Father's Birthplace <u>Kent Md</u>			
Mother's Maiden Name <u>Clara Brown</u>		Mother's Birthplace <u>Baltimore</u>			
Name of person giving Information <u>Henry C. Gardner</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary <u>Chronic Nephritis</u>	How long <u>170</u>
Immediate <u>Bronchial Pneumonia</u>	How long <u>3 wks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Percy Henry</u>
	Address <u>Stevensville Md.</u>
Accident or Suicide? <u>—</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Annie Goldsborough

CERTIFICATE OF DEATH

Died at ^{Town} *Ruthsburg*^{County} *Queen Anne*

MARYLAND

Date of death *1906* ^{Month} *March*^{Day} *20*^{Years} *14* ^{Age}^{Months} *9*^{Days} *13*Sex *Female*Color or Race *Colored*Birth-place *Lozden, Md.*Occupation *None*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Boon T. Goldsborough*Father's Birthplace *Bridgetown, Md.*Mother's Maiden Name *Annie Simpson*Mother's Birthplace *Hope, Md.*Name of person giving information *Boon T. Goldsborough*How related to deceased *Father*

CAUSES OF DEATH

Primary

Consumption

How long

One year

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

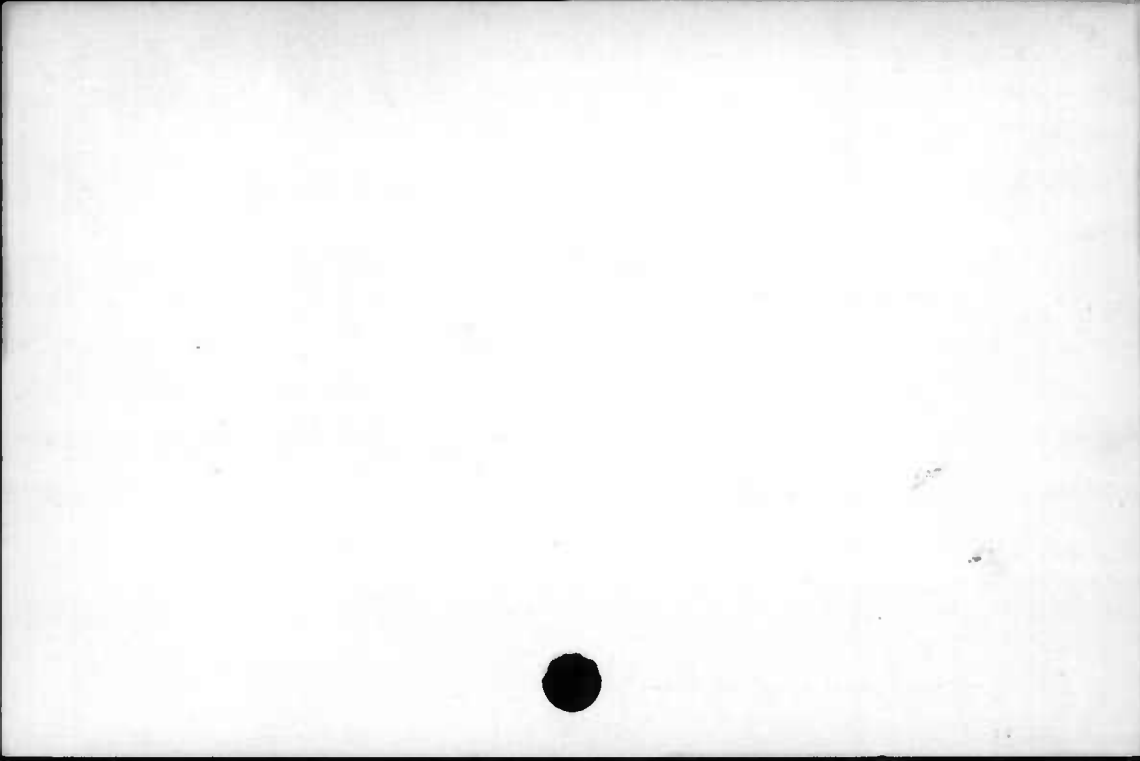
Walter H. Farby

Address

Ruthsburg, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at *Georgie Levi Jordan*
 Town *Sudlersville* County *Jennings*

MARYLAND

Date *1906* Month *3* Day *13* Y. M. D. *1 15* Native of *MD* Occupation

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Number of children living

Husband
 of

Father's Name *Elmer Jordan* Mother's Name *Mabel Jordan*

Cause of Death { Primary *Cholera Infantum* How long sick *5 weeks*
 Immediate *and Malnutrition* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79708

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

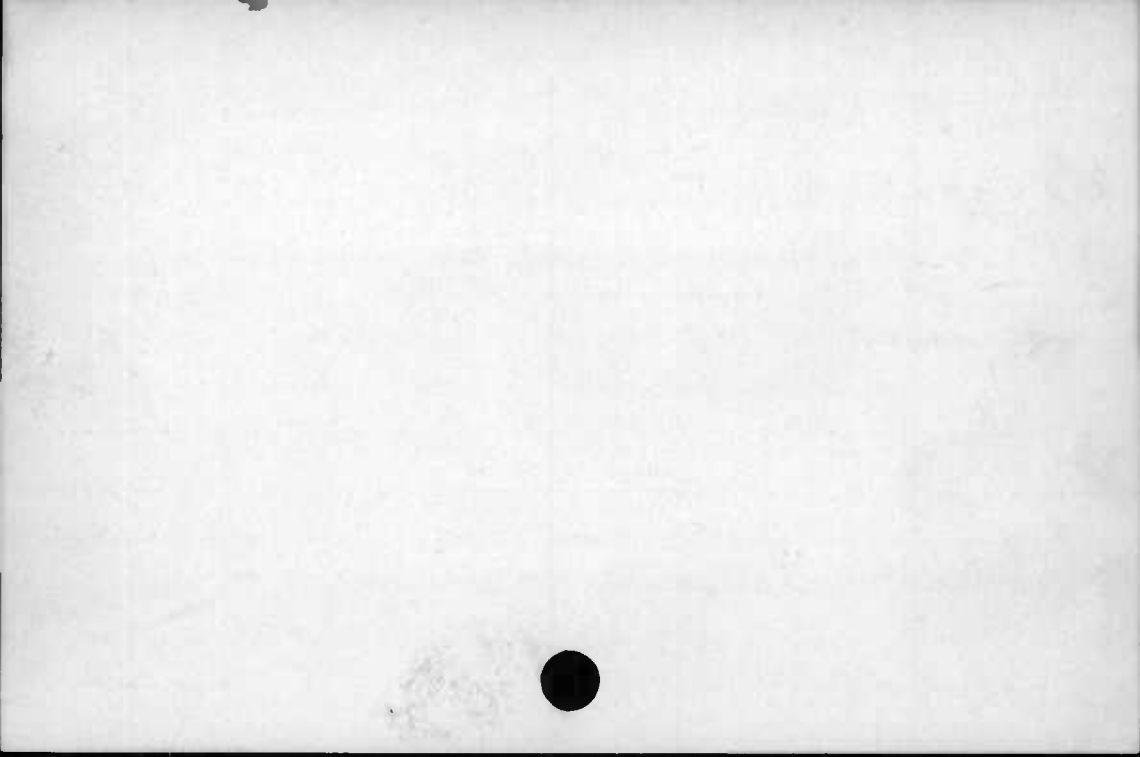
MARYLAND

Wm. J. Gray
Died at Lugside L.A. County
Date of death 1906 3 Month 24 Day 31 Years
Sex Male Color of Race White Birthplace D.C.
Occupation Farmer Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband Gula Gray
Father's Name Wm. J. Gray Father's Birthplace D.C.
Mother's Maiden Name Mary J. Kelley Mother's Birthplace D.C.
Name of person giving information Lella Gray (85) How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Immediate Internal Hemorrhage
How long only a few hours
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician Dr. Chas. Wm. D.
Address Lugside
Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

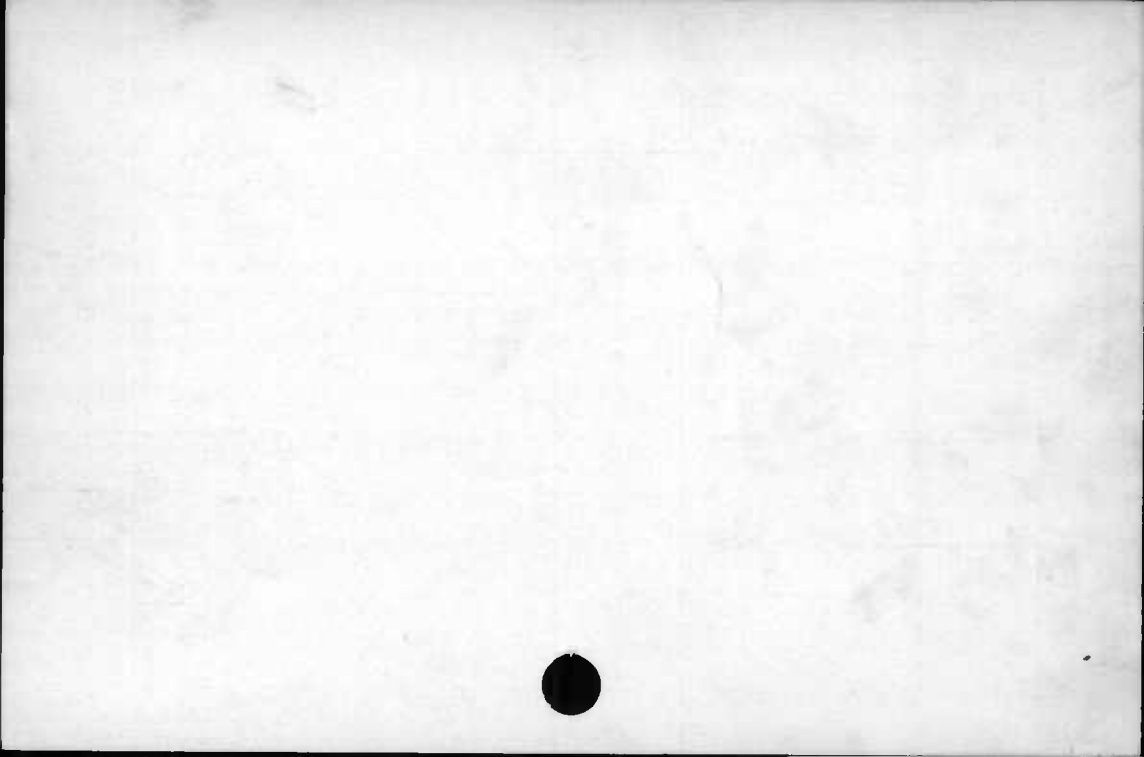
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James S Gross</i>		Town <i>Antietam</i>		County <i>Q & A Co</i>		STATE MARYLAND	
Died at <i>Antietam</i>		Date of death 190 <i>6</i>		Month <i>Mar</i>		Day <i>17</i>	
Age <i>2</i>		Years <i>2</i>		Months <i>1</i>		Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>Antietam</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i></i>			
Name of Wife or Husband <i></i>							
Father's Name <i>Robert Gross</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Clara Gross</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Mother</i>				How related to deceased <i>Mother</i>			

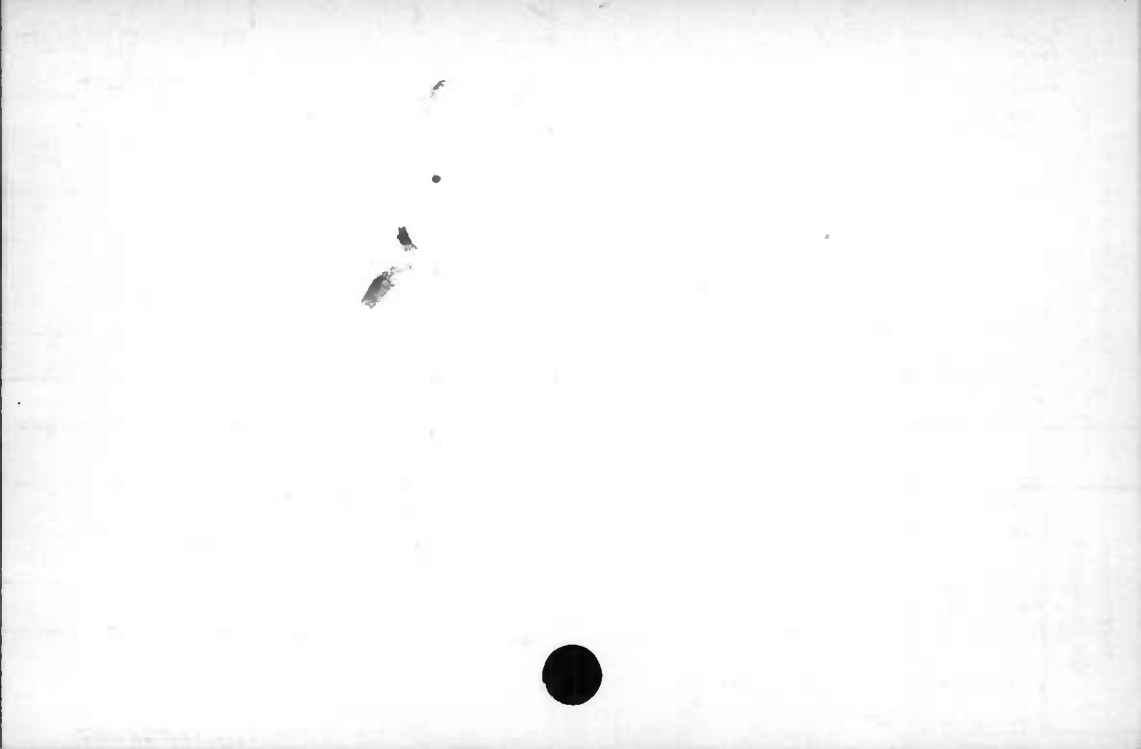
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myxoid</i>	How long <i>2 wks</i>
Immediate <i>Constriction of lungs</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. S. Smith</i>
	Address <i>Antietam</i>
Accident or Suicide? <i>No</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Centreville</i>		Town <i>I. A.</i>		County
	Date of death <i>1906</i>		Month <i>Mar</i>	Day <i>10</i>	Years <i>65</i>
	Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Canada</i>		Months
	Occupation <i>none</i>	Where Residing if not at place of death <i>Centreville</i>		Days	
	Married, Single <i>Married</i>	Name of Wife or Husband <i>Columbus Hill</i>			
	Father's Name	Father's Birthplace			
	Mother's Maiden Name	Mother's Birthplace			
	Name of person giving information <i>Ada Baker</i>	<i>(5)</i>		How related to deceased <i>Daughter</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Purpura Hemorrhagica</i>		How long	<i>3 weeks</i>
	Immediate	<i>Pulmonary Hemorrhage</i>		How long	<i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Myron Howard M.D.</i>		
			Address <i>Centreville</i>		
Accident or Suicide? <i>no</i>		<i>True and correct</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

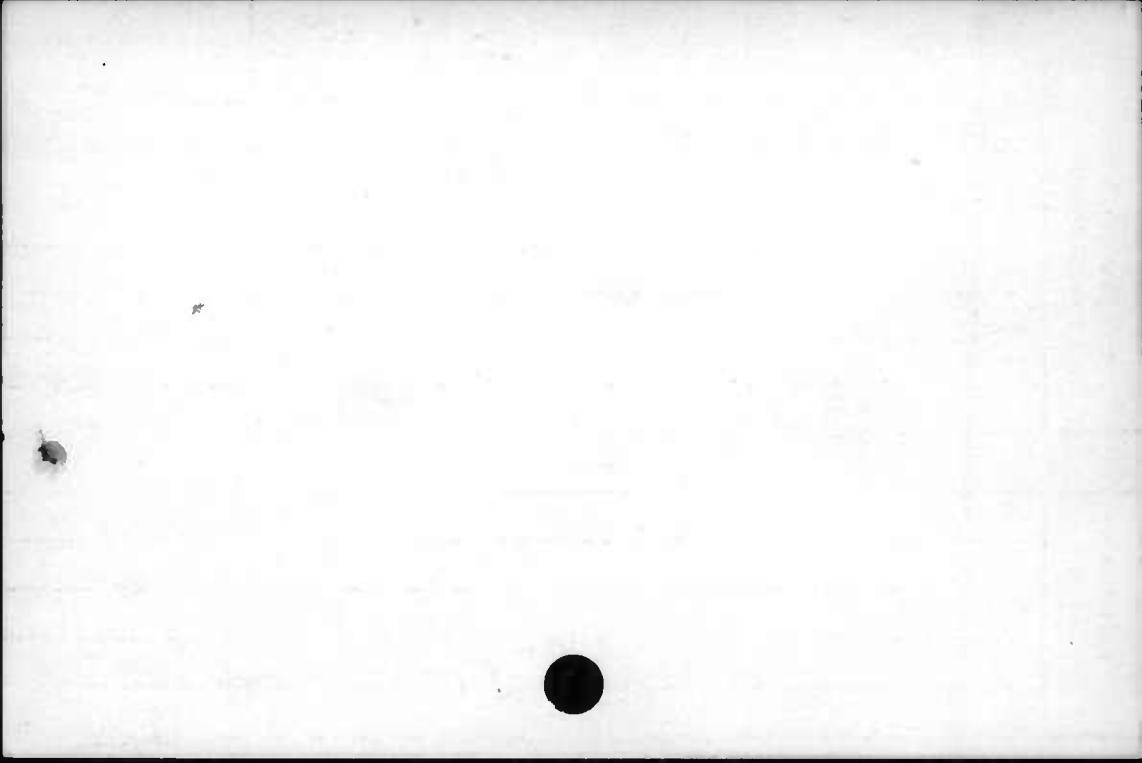
Died at *Winchester* ^{Town} *Queen Anne* ^{County}Date of death *1906* ^{Month} *march* ^{Day} *14th* ^{Age} *Years* *Months* *7* *Days* *28*Sex *female* Color or Race *White* Birth-place *Winchester*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *William Henry Johnson*Father's Birthplace *Sussex Co Del*Mother's Maiden Name *Barrie Adella Thomas*Mother's Birthplace *Kent Island Md*Name of person giving information *Wm Vanny Johnson*How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia*How long *11 weeks*Immediate *General Debility*How long *4*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Levi T. Henry*Address *Stevensville Md*Accident or Suicide? *no*PHYSICIAN
OR CORONER



Name in Full Juliett Knaths		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Hager	Town Queen Anne	County MD	
	Date of death 1906	Month 3	Day 10	
	Age 56	Years 7	Months 28	
	Sex Female	Color or Race White	Birthplace MD	
	Occupation House Wife	Where Reading if not at place of death		
	Married, Single or Widowed Widow	Name of Wife or Husband Jas. M. Knaths		
	Father's Name W. R. Bunker	Father's Birthplace MD		
Mother's Maiden Name C. M. Barwick	Mother's Birthplace MD			
Name of person giving information M. M. Potts	How related to deceased Sister			
CAUSES OF DEATH				
PHYSICIAN OR CORNER	Primary Multiple Neuritis	How long 9 months	(14)	
	Immediate Asphyxia	How long 1 minute		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician [Signature]	
	Address Centerville Queen Anne Co		Accident or Suicide? No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Not named, Machel 3/17/40

Died at Centreville D.C. County MARYLAND

Date of death 1906 Month March Day 13 Age Years Months 2 Days

Sex Female Color or Race Black Birth-place D.C. Co

Occupation none Where Residing if not at place of death Centreville

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Jerry Machel Father's Birthplace Punee, Ga

Mother's Maiden Name Anna Fannon Mother's Birthplace D.C. Co

Name of person giving information Jerry Machel How related to deceased Father

CAUSES OF DEATH (15)

PHYSICIAN
OR CORONER

Primary Premature 2 months child How long 2 days

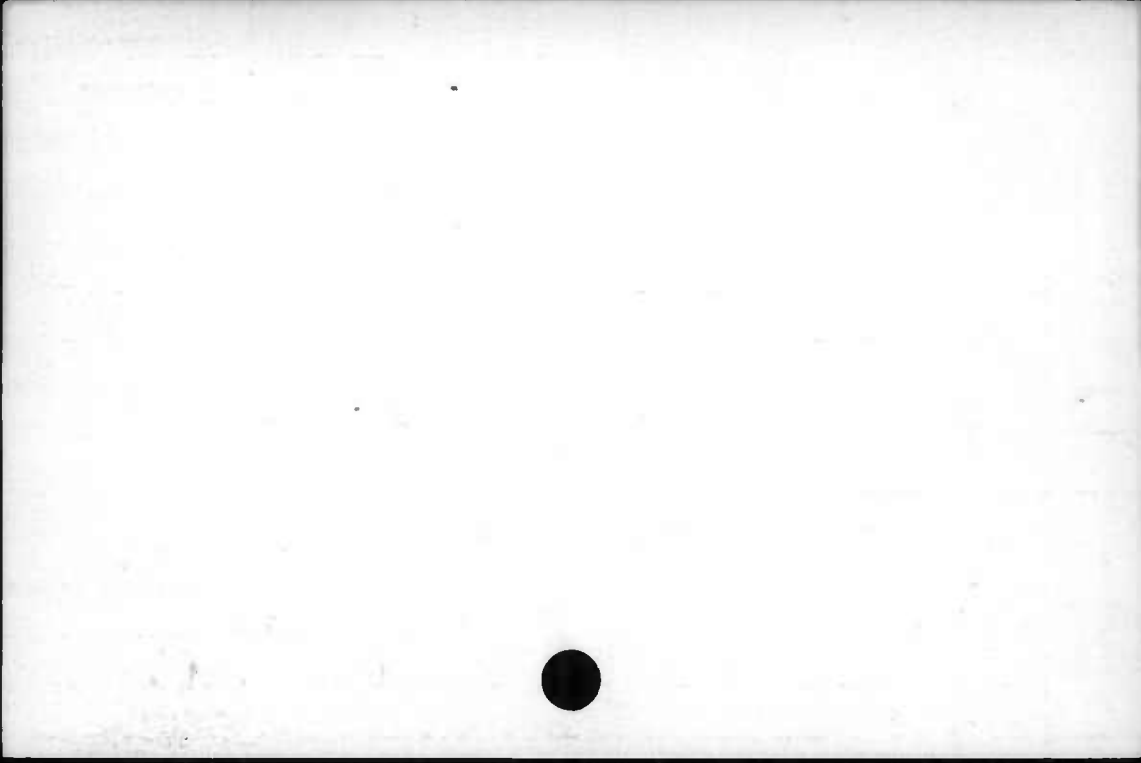
Immediate child How long 11

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician No Physician

Address Centreville MD

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Sarah C. Morris* Town *Stevensville* County *Queen Anne's*

Died at *Stevensville* Date of death *1904* Month *March* Day *18* Age *67* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Delaware*

Occupation _____ Where Residing if not at place of death *Kent Island*

Married, Single or Widowed *Widow* Name of Wife or Husband _____

Father's Name *John Daniel McHatt* Father's Birthplace *Delaware*

Mother's Maiden Name *Mary Scott* Mother's Birthplace *"*

Name of person giving information *Samuel Morris* (93) How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pleurisy & Pneumonia* How long *9 days*

Immediate *Paralysis* How long *5 days*

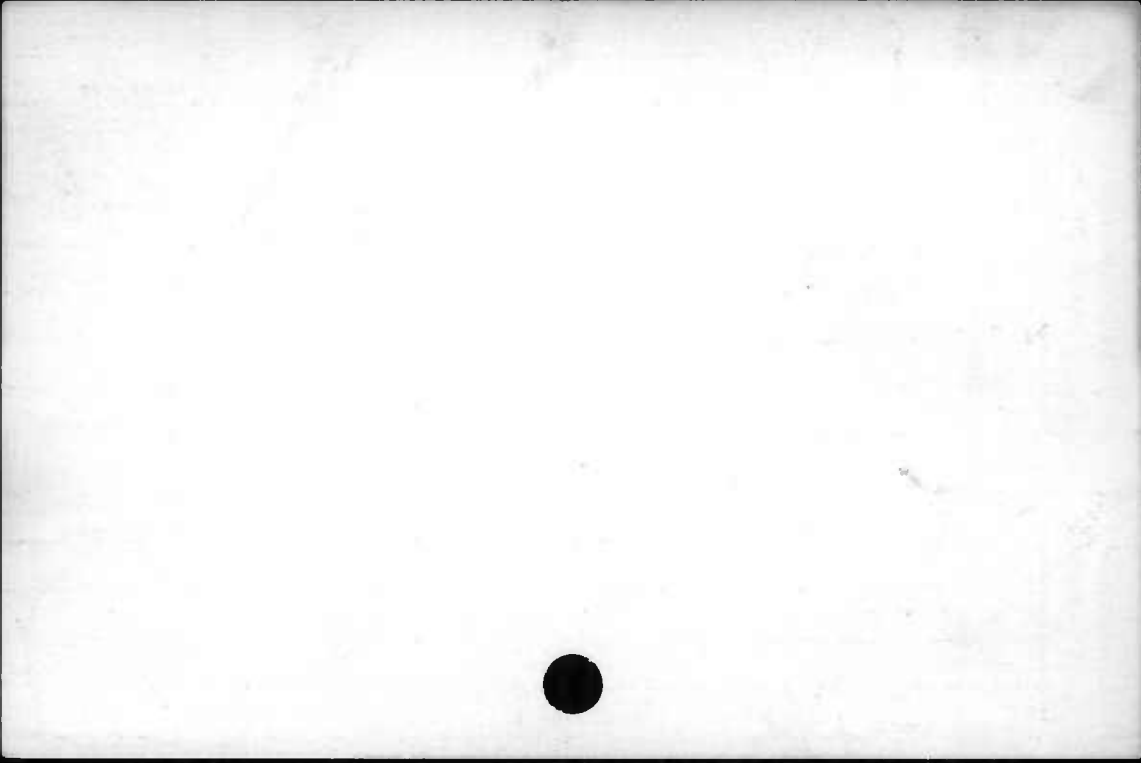
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C Percy Kemp*

Address *Stevensville*

Accident or Suicide? *---*

Chd.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ind's Place*County *Sullivan*Date of death *1906 March*Day *7th*Age *27 yrs.*

Months

Days *1*Sex *Female*Color or
Race*White*Birth-
place*Kent Co., Md.*

Occupation

*Wife*Where Residing if not
at place of death*Place of death -*Married, Single
or Widowed*married*Name of Wife or
Husband*Thomas O'Donnell -*Father's
Name*James D. Foley*Father's
Birthplace*Millington*Mother's
Maiden Name*Marie E. Hoole*Mother's
Birthplace*Churchhill*Name of person giving
In formation*Thomas O'Donnell*How related
to deceased*Father-in-law.*

CAUSES OF DEATH

Primary

*Diabetes mellitus**(50)*

How long

18 months -

Immediate

Coma - (Insomnia)

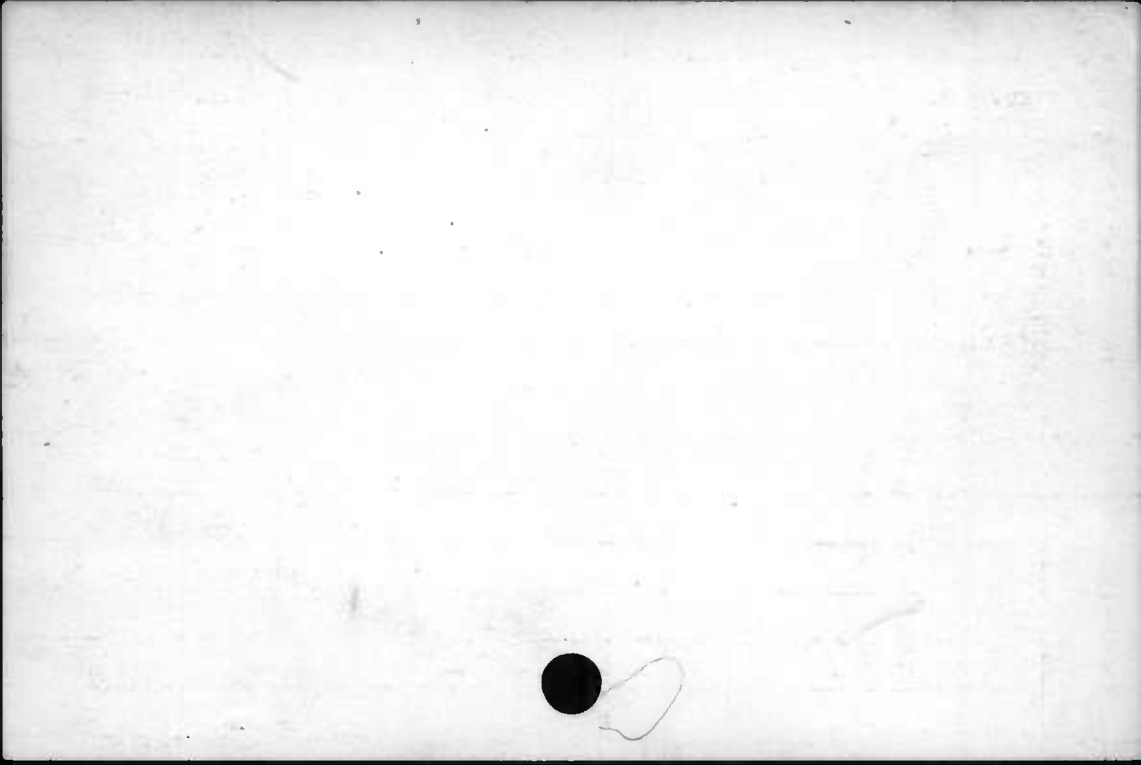
How long

*12 hrs -*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. H. H. H. H.*

Address

Sullivan, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

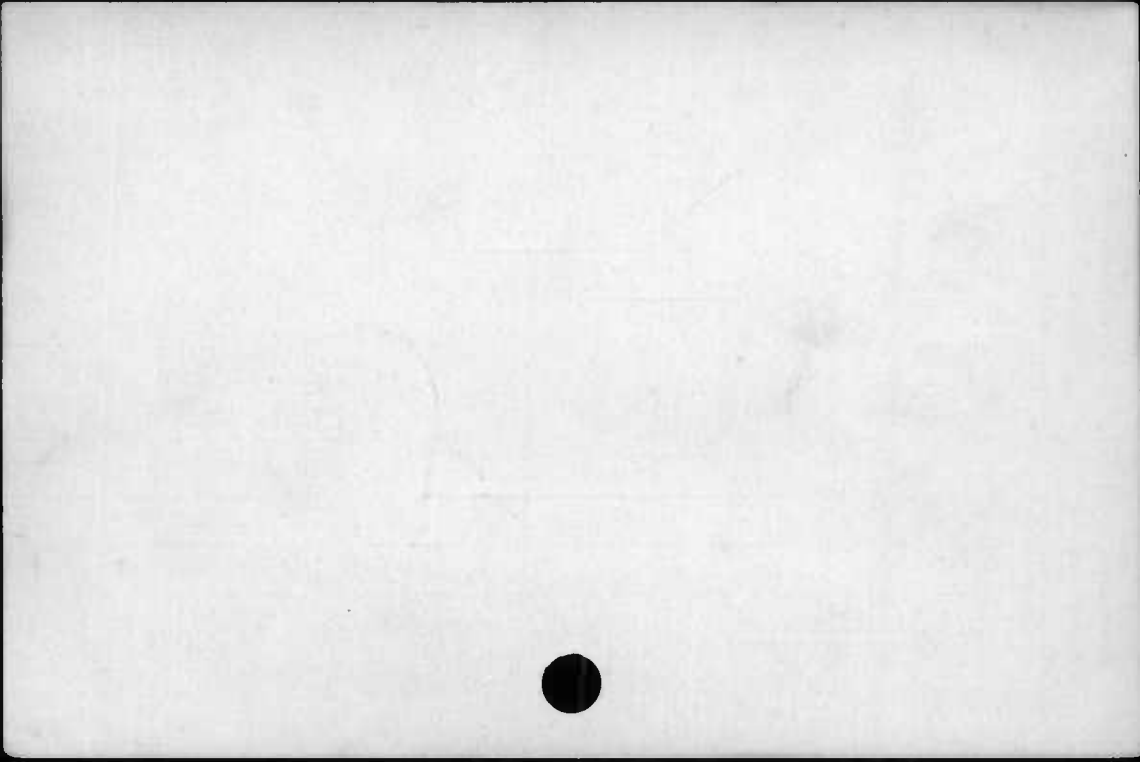
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stevensville</i>		Town <i>Stevensville</i>		County <i>Lucas</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>March</i>		Day <i>31</i>		Age <i>78</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Kent Island</i>		Months <i>11</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Kent Is'd</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Benny Porter</i>					
Father's Name <i>John Lewis</i>		Father's Birthplace <i>Kent Island</i>					
Mother's Maiden Name <i>Josephine Lewis</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>James H. Marvel</i>		How related to deceased <i>Son-in-law</i>					

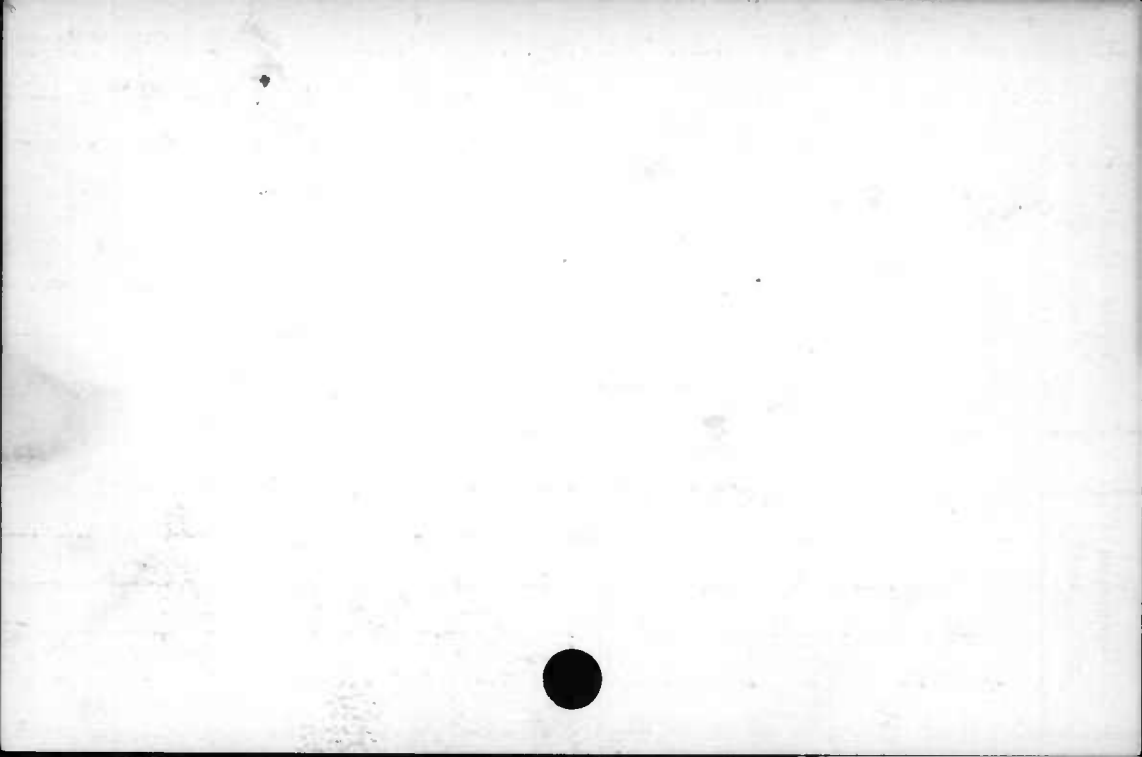
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis Chronic</i>	How long <i>91</i>	<i>10 years</i>
Immediate <i>General aortic condition</i>	How long <i>2</i>	<i>months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. P. & J. M. D.</i>	
	Address <i>Stevensville Md.</i>	
Accident or Suicide?		



Name in Full		Ultherma Ball				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Stevensville		County Green Anne		MARYLAND
	Date of death	1906	Month March	Day 17	Age Years 23	Months	Days
	Sex	Female		Color or Race	Caucasian		Birth- place
	Occupation	Housewife		Where Residing if not at place of death		At Stevensville	
	Married, Single or Widowed	Married		Name of Wife or Husband		E B Ball	
	Father's Name	Wm L. Harper				Father's Birthplace	Bulltown
	Mother's Maiden Name	Mary Ann White				Mother's Birthplace	Kent Co.
	Name of person giving Information	Wm L. Harper				How related to deceased	Father
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Incipient Tuberculosis			How long	
	Immediate		General Asthenia			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Dr. Chas E. Snyder	
				Address		Stevensville Md	
<div style="border: 1px solid black; padding: 5px;"> Accident or Suicide? </div>							



Name
in
Full

Elmer Franklin Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Chester</u>		^{County} <u>Sullivan</u>		MARYLAND	
Date of death 190 <u>6</u> ^{Month} <u>Mar</u>		<u>8</u> ^{Day}	<u>3</u> ^{Years}	<u>1</u> ^{Months}	<u>8</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Kent Md</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Charles B. Tolson</u>			Father's Birthplace <u>Kent Md</u>		
Mother's Maiden Name <u>Sarah J. Jones</u>			Mother's Birthplace <u>Kent Md</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Laryngeal Diphtheria</u> (9)	How long <u>3 days</u>
Immediate <u>Heart Failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. H. H. H.</u>
	Address <u>Slevensville Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Mary Francis Willoughby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Stevensville		County Q, A		MARYLAND	
Date of death 190	6	Month mch	13	Day	Age 1	Years	Months 8
Sex	Female		Color or Race	white		Birth- place	Kent Island dld.
Married, Single or Widowed	Single		Occupation		Infant		
Name of Wife or Husband							
Father's Name				A. D. Willoughby			
Father's Birthplace				Caroline G dld.			
Mother's Maiden Name				Martha F. Trachamp			
Mother's Birthplace				" " "			
Name of person giving In formation				A. D. Willoughby			
How related to deceased				father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic nephritis	How long	1 year
Immediate	Dropsy	How long	week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C Percy Kemp	
Address		Stevensville, dld.	
Accident or Suicide?			

